

**PUBLIC HEARING NOTICE  
OHIO DEPARTMENT OF MEDICAID**

DATE: May 16<sup>th</sup>, 2022

TIME: 10:00 AM

Teleconference Dial-in Phone Number: 1-614-721-2972

Teleconference Pin: 916 211 497#

Link to Microsoft Teams Meeting for Hearing: [Click here to join the meeting](#)

Pursuant to section 5164.02 and Chapter 119. of the Ohio Revised Code, the director of the Ohio Department of Medicaid (department) gives notice of the department's intent to consider the rescission of the rule identified below and of a public hearing thereon.

**TO BE RESCINDED**

Rule 5160-1-03, entitled Medicaid: relationship to the children with medical handicaps program under Title V of the Social Security Act, is being proposed for rescission because the content has been incorporated into rule 5160-1-08 of the Administrative Code and is no longer necessary. This rule describes the Ohio Medicaid program's relationship to the Children with Medical Handicaps (CMH) program under Title V of the Social Security Act. For individuals eligible for both Medicaid and CMH, this rule provides that unless a Medicaid covered individual has third party insurance or Medicare, Medicaid will pay health care claims first. If third party insurance or Medicare is present as well, claims should be submitted to the applicable insurance first and then be sent to Medicaid.

Pursuant to Section three of Sub. H.B. 51 (134th General Assembly), the department will hold the public hearing for this rule package via teleconference. The phone number, PIN (access code), link for teleconference attendance, and the date and time for this hearing are listed at the top of this Notice. All interested parties are invited to participate in the public hearing. Oral and written testimony will be accepted for this hearing and will be given the same consideration. Those who want to give oral testimony are asked to send an email to [Rules@Medicaid.Ohio.gov](mailto:Rules@Medicaid.Ohio.gov) no later than one hour before the hearing to be added to the witness list. There will be a final call at the end of the hearing for those who wish to offer oral testimony but are not on the witness list.

Written comments submitted via fax, United States Postal Service, and email that are received or postmarked no later than the day of the hearing will be accepted as testimony and become part of the hearing record. All testimony will become public record; therefore, the department asks that protected health information be excluded unless the information belongs to the person submitting the testimony or to a person for which the submitter is a legal guardian. Written testimony sent via email is highly recommended. All testimony received via email will receive a confirmation of receipt.

Copies of the proposed rule are available, without charge, at the address listed below. The rule is also available on the internet at <http://www.registerofohio.state.oh.us/>.

Requests for a copy of the proposed rule and testimony on the rule should be submitted by mail to the Ohio Department of Medicaid, Office of Chief Legal Counsel, 50 W. Town St., Suite 400, Columbus, Ohio 43215-3414, by fax at (614) 995-1301, or by e-mail at [Rules@Medicaid.Ohio.gov](mailto:Rules@Medicaid.Ohio.gov).

The department is committed to providing access and inclusion and reasonable accommodation in its services, activities, programs, and employment opportunities in accordance with the Americans with Disabilities Act (ADA), Title VI of the Civil Rights Act, and other applicable laws. To request an interpreter, written information in a language other than English or in other formats (large print, audio, accessible electronic formats, other formats), or a reasonable accommodation due to a disability, please contact the department's Civil Rights/ADA Coordinator at 614-995-9981/TTY 711, Fax 1-614-644-1434, or Email:

[ODM\\_EEO\\_EmployeeRelations@medicaid.ohio.gov](mailto:ODM_EEO_EmployeeRelations@medicaid.ohio.gov). Requests should be made **at least three (3) business days prior to the scheduled hearing**. If you believe the department has failed to provide these services or discriminated in another way, you can file a grievance with the department's Civil Rights Coordinator and/or file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Further information on these processes and the department's compliance with civil rights and other applicable laws can be found here: [Notice of Nondiscrimination](#).